

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036510

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4974 STATE FILE NUMBER

FILED SEP 23 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson
2. 3158		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	c. CITY OR TOWN Kansas City
3		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. & Med. Center	d. STREET ADDRESS 802 Tracy
4 0		3. NAME OF DECEASED (Type or print) First John Middle James Last Tevis	4. DATE OF DEATH Month 9 - Day 8 - Year 1963
5 2		5. SEX male	6. COLOR OR RACE White
6		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-86
7 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	9. AGE (last birthday) 77
8 0		10b. KIND OF BUSINESS OR INDUSTRY Restaurants	11. BIRTHPLACE (City and state or country) Evansville, Ind.
9/59 X		13a. FATHER'S NAME John Tevis	12. CITIZEN OF WHAT COUNTRY U.S.
10		13b. MOTHER'S MAIDEN NAME Magdalene (unk.)	14. NAME OF HUSBAND OR WIFE Martha P. Tevis
11		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	17. INFORMANT Jackson County Welfare K.C. Mo.
12 57-0		16. SOCIAL SECURITY NO. [redacted]	18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyloric obstruction with electrolyte imbalance DUE TO (b) CA of GI tract, not proven DUE TO (c) [redacted]
13		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHF, long standing	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
		20c. TIME OF INJURY Hour a.m. p.m.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
		21. I attended the deceased from 9-3-63 to 9-8-63 and last saw him alive on 9-8-63	22a. SIGNATURE [Signature] (Deceased or title)
		22b. ADDRESS 2400 Cherry	22c. DATE SIGNED 9-9-63
		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-11-63
		23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	23d. LOCATION (City, town, or county) K.C. Kansas
		24. FUNERAL DIRECTOR Heilestis: 6900 Troost: K.C. Mo.	25. DATE RECD. BY LOCAL REG. 9-10-63
		26. REGISTRAR'S SIGNATURE Beasie Smith	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

Frank Ellis MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. E. Winkler

Licensed Embalmer No. 4078

P. O. Address K.C. 8 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.